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ORIGINAL COMMUNICATIONS.

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GONORRHŒA, CHORDEE, GLEET, HYDRASTIS.

BY A. W. BIXBY, M. D.

GONORRHŒA is, I believe, indigenous to California. In this article, without entering into any discussion of the disease, I design the presentation of its treatment—a treatment which has been very successful, and elicited many golden opinions from its recipients. To make my ideas clear, I will give a few cases—the pathological conditions, the *bona fide* treatment, and the results. I enumerate cases of males only.

CASE I.—Had been exposed to the contagion a week before applying for treatment. The inflammation had extended along the urethra about two inches. The inflammatory action was quite intense, but no chordee. Prescribed R sulph. hydrastiae, gr. x; morphiæ acetatis, gr. x; glycerinæ, ʒj; aquæ dest., ʒiii. M. Sig.—Inject as directed, three times a day. In six days patient reported himself entirely well.

CASE II.—Had been affected six months. Inflammation extended the entire length of the urethra. Under the treatment of other physicians the entire time. Had at times been better; indulged in sexual congress; disease completely redeveloped in all of its original severity. Patient suffered intensely with chordee at night. My partner, Dr. E. J. Martin, prescribed as follows: R spec. med. hydrastis, fl., ʒii; glycer-

inæ, ʒi aquæ dest., ʒiii . M. Sig.—Inject, as directed, morning and night. Also for chordee— ℞ hyd. chloral; ʒiii Sulph. morphinæ, gr. ii; syr. tolutani, ʒi ; syr. pruni virg. ʒii . M. Sig.—Teaspoonful two hours after meals and at bed-time. No more chordee; much better in three days; and completely cured in ten days.

CASE III.—Had been running on for seven months—gleet. Had undergone the regular course of treatment of two doctors. Soreness along the entire course of the urethra; profuse, purulent discharge. General health somewhat debilitated; bowels obstinately constipated. I prescribed— ℞ sulph. hydrastinæ, gr. x; morphinæ sulph. gr. vi; glycerinæ, ʒi ; aquæ dist., ʒiii . M. Sig.—Inject as directed, three times a day. Also for constipation— ℞ ext. rhamni pursh., fl., ʒii ; liquid hydrastis, ʒii ; spec. med. podophylli, fl., ʒiv ; arom. elix., ʒiii . M. Sig.—Take teaspoonful, more, or less, before meals to keep bowels regular. Patient cured without repeating either of the prescriptions.

CASE IV.—Disease had lasted two months; been treated by other physicians during the entire time. Tenderness along the urethra full length; considerable discharge; and some chordee at night. Prescribed— ℞ liquid hydrastis, ʒii ; morphinæ acetatis, gr. x; glycerinæ, ʒi ; aquæ dist., ʒiii . M. Sig.—Inject, as directed, three times a day. Also ℞ hyd. chloral, ʒiii ; morphinæ valer., gr. ii; arom. elix., ʒiii . M. Sig.—Two teaspoonfuls at bed-time. Cured in five days.

CASE V.—Gonorrhœa had existed three or four days; inflammatory action severe; frequent, urgent micturition, accompanied with much pain. Prescribed— ℞ hydrastinæ sulph., gr. x; glycerinæ, ʒi ; aquæ dest., ʒiii . M. Sig.—Inject as directed, every three hours. Also, ℞ spec. med. gelsemini, fl., ʒii ; ext. tritici repens, fl., ʒiv ; syr. simpl., ʒi ; aquæ font., ʒiii . M. Sig.—Take teaspoonful every two or three hours. Cured by the above prescriptions.

Directions for urethral injections: A large nozzled syringe of two drachm capacity, is ordered. The patient is instructed to urinate immediately before making an injection. The preparation is to be well shaken and the syringe filled; the nozzle of syringe is to be introduced full length, and the prepuce drawn around the glans penis so tightly that none of the liquid can escape. The injection is then made slowly and carefully, and retained five minutes. During its retention the finger should be pressed firmly against the

under surface of the penis, and carried along backward forcing the fluid back as far as the inflammation or soreness extends—even into the bladder, as this will not do any harm. It is often necessary to show the patient, as well as to instruct him, how to manipulate the injection, if you would have him receive its full benefit. The injections should be continued several days after patient seems well, if relapse is to be certainly prevented.

By reviewing the above cases, we observe that *hydrastis* in some form is the principal agent used in the successful treatment of gonorrhœa, acute or chronic. Morphia and chloral are the important auxiliaries. The majority of cases can be subdued by *hydrastis* alone as the injection, but morphia and chloral added give more prompt relief and expedite the cure.

Leave the *hydrastis* out of the above treatment, and few of the cases would be cured. Hence, the healing virtues must be contained chiefly in the *hydrastis*. We (Dr. Martin and myself) have successfully treated hundreds of cases, relying chiefly upon *hydrastis*, as in the cases here reported, and it is exceedingly rare that we have to write the second prescription to effect a cure. If there is any agent in the *materia medica*, entitled to be called a "specific" in the treatment of gonorrhœa, it is *hydrastis*, Professor Howe to the contrary notwithstanding.

Before learning of the virtues of *hydrastis*, I often used sulphuric acid in the treatment of gleet, as directed in Howe's Surgery. Hence, I am in a position to know the relative value of the two agents, and candor compels me to give my unqualified testimony in favor of *hydrastis*.

HÆMORRHOIDS.

BY H. T. WEBSTER, M. D., OAKLAND, CAL.

VARICOSE conditions of the vessels of the rectum and anus are known by the technical term *hæmorrhoids*, and in common parlance by the vulgar term *piles*. They have been divided into two varieties (1) external and (2) internal.

Internal hæmorrhoids are said to be that variety which exists above the external sphincter ani muscle, while the external is that existing below this muscle. But there is a more distinctly anatomical difference in these two forms depending upon the vessels involved, and the course pursued by the blood they conduct.

The rectum has three sets of veins as well as three sets of arteries, and these differ materially in the course they take as well as the systems their contents travel in their route towards the general circulation. These are reminders that modifying influences are liable to arise both as regard the causes and treatment of the two varieties.

The superior and middle hæmorrhoidal veins which constitute a portion of the portal system, are those diseased in internal hæmorrhoids, and are liable to be influenced more pronouncedly in portal congestion and constipation, while the inferior hæmorrhoidal veins communicate directly with the general venous circulation through the internal pudic and iliac veins. The rootlets of the middle hæmorrhoidal and inferior hæmorrhoidal veins lie respectively above and below the sphincter ani, and though anastomosis exists between them ordinarily, this is cut off during contraction of the sphincter muscle.

The tegumentary covering of the inferior hæmorrhoidal vein is more dense than that of the mucous membrane covering the middle and superior hæmorrhoidal branches higher up, and consists of thickened mucous membrane blending into true skin. Tumors arising here, therefore, are more firmly invested than those known as internal piles.

This brief reference to the anatomy of the parts involved will aid us in beginning an intelligent inspection of our subject.

EXTERNAL HÆMORRHOIDS.—By this, then, we understand that there exists a varicose condition of the inferior hæmorrhoidal veins, or of some of their branches. While other vessels than veins may be involved in internal piles, in this variety, the tumors will invariably consist primarily of venous enlargements. These may finally rupture, and the tumor consist of an extravasation of blood into the subcutaneous tissue.

The *causes* of this class of varicosities are numerous. The circulation here is subject to many disturbances. Straining at stool, the excitement consequent upon horseback riding, congestions resulting from sitting upon cold surfaces, pregnancy, instrumental delivery, affections of internal organs obstructing the venous flow, and other factors might be named as possessing tendencies to this condition. Some persons seem to have an inherent tendency to weakness of the superficial veins, and then these are liable to give way upon very slight provocation.

SYMPTOMS.—Prior to that period in which external hæmorrhoids become pronounced tumors, they appear, usually, as longitudinal folds running in a radiating direction outward from the verge of the anus. The color and character of these will depend upon the amount of congestion present. At times their walls may be flaccid, and the muco-cutaneous covering present a pinkish color, or they may vary from this condition to a tense distended state, with bluish or livid appearance. During this state of affairs, while straining at stool, the subject may experience a sensation as though something has suddenly given way, and now there exists a rounded tumor as large as a pea or grape.

Upon examination this will be found to be a smooth, tense, rounded protuberance of a livid bluish color. This sudden change is an indication that the walls of a vein have given way, and extravasation has taken place into the surrounding tissue. Sometimes two or three of these tumors may exist about the verge of the anus. When not of large size, the pain is not usually severe, the sensations being those of prickling, itching, and slight throbbing, with marked tensive fullness following defecation. But if they become inflamed, especially if of large size, severe symptoms may attend. There will not only be much aching pain with throbbing in the tumors, but darting sensations will radiate into the nates perineum prostatic region and upward into the rectum. Vesical tenesmus not unfrequently attends these aggravated cases.

TREATMENT—The treatment of external hæmorrhoids will vary according to the severity of the case, the age of the patient, and his choice between two alternatives—temporary, or radical means of relief.

In some cases our own judgment will decide at once that radical measures should not be attempted, as for instance, where our patient is advanced in years and liable to suffer extensive inflammatory action from what, in younger persons, might be considered a common-place matter. Cases of death have resulted in old persons as the result of operations for the attempted cure of this disease, and I have had very serious results occur under my own observation more than once. Other instances might come to hand, in which, though the patients were not approaching senility, there would exist some predisposing taint, as erysipelas, which would render an operative procedure especially liable to be provocative of serious phlebitis.

Often our patients will strenuously object to anything but medicinal treatment, and we will find palliative agents the only available means of recourse.

Here the present existing condition will determine the proper course to be pursued. Usually remedies having an especial affinity for the affected part through the circulation, will afford the principal benefit to be derived.

The following group of remedies should be thought of in these cases: collinsonia, hamamelis, æsculus hippocastanum, and lachesis. Aloes in minute doses also might be employed but hamamelis and collinsonia are the two which serve me best.

Hamamelis possesses the property of strengthening relaxed states of the veins generally. Collinsonia exerts a special influence upon the circulation of the rectum and anus. Experience has taught me that a saturated tincture of the green plant, employing the upper portion of the plant when it is in flower, and including the blossoms, is much preferable to a tincture of the root for the treatment of hæmorrhoids. Usually I depend upon this agent alone, or if constipation exists, in combination with cascara sagrada for the relief of those cases deemed amenable to medicinal treatment.

The following prescription is an excellent one: R—Green Plant Tincture Collinsonia ℥i; Fl. Ext. Cascara Sag. ℥ss; Simple Syrup q. s. ad ℥iv. S.—Take a teaspoonful four times daily. Sometimes this may be alternated with ten or fifteen drop doses of Pond's Extract of Hamamelis, especially where there is a general state of venous relaxation.

But we may be called when there is a complication existing in the shape of an acute inflammation aggravating the case and demanding a more positively sedative treatment. Here we cannot expect much benefit from the remedies named, until the active symptoms have been subdued.

The treatment will now be directed to controlling the active hyperæmia which exists. Cloths wrung out of cold water should be snugly adjusted to the distended tumors, and renewed at intervals of every half hour or hour, until the severity of the symptoms subsides, or until, as is sometimes the case, it becomes evident that the inflammation will terminate in suppuration. Should this become manifest, warm emollient poultices ought to be substituted. The influence of the cooling application may be aided by the arterial sedatives. Aconite and gelseminum, or veratrum, can be employed here in small doses with good effect.

Sometimes the intensity of the pain in these cases can be much modified by relieving the tension. This I have succeeded in accomplishing by employing the hypodermic syringe as an aspirator. The needle should be carried into the tumor toward its center, while the piston is pushed well down. Then the piston is slowly withdrawn to exert its suction upon the contents of the tumor. This maneuver may not always prove successful, but is worthy of trial.

In some instances, until the case has been carried past its crisis, the aid of an opiate (of which from a sixth to a fourth of a grain pellet of morphine will be preferable) may be demanded. The subsidence of the inflammatory attack may very properly be supplemented by the use of collinsonia and hamamelis as mentioned above.

The unpleasant itching and smarting that attends chronic cases may often be very much relieved by the proper use of Faradism. Have the patient sit upon a moistened sponge attached to the positive pole, the sponge coming in direct contact with the affected parts, and apply the negative successively to the sacrum over the nates on each side, and above the pubis, drawing it back and forth so that the current will be invited through every portion of the diseased structures. Sometimes the negative will more effectively relieve, especially where the part lacks a proper amount of irritability of fiber—where it requires a stimulating rather than sedative treatment.

The *radical* treatment of external hæmorrhoids may be accomplished by incision, by puncture and the introduction of medicated injections per hypodermic syringe, and by ligature. Neither of these methods are without objection, but the first two are without doubt much to be preferred to the last, which is, at best, a tedious and unsatisfactory procedure.

The treatment by incision should be so managed as to lessen as far as possible the unpleasantness of what might be a very severe ordeal to the patient. A curved bistoury, very sharp, should be employed, and the movement of the cutting operation should be rapid. Even with these precautions, the cut will be followed by severe pain unless the senses of the patient have been previously somewhat blunted by the use of an anæsthetic. In executing this maneuver, transfix the base in the direction of the radiating folds of the anus, so that the edge of the bistoury shall look toward the apex of the tumor, and draw the blade quickly through, splitting the

tumor as nearly as compatible, with rapidity of motion, into halves. If now the incised tumor is found to contain a blood clot, this should be carefully removed, and to prevent the cut surfaces from reuniting so as to still allow a cavity for the accumulation of blood and a return of the hæmorrhoidal state, a particle of lint should be kept in the opening for several days, while it heals from the bottom outward.

The hypodermic method is not so applicable to those of tumors as to internal hæmorrhoids. The integument here, though partaking in a measure of the character of mucous membrane, is still firm enough to render the sloughing which follows the introduction of carbolic acid or other coagulating material a tedious and difficult process.

Some forethought ought to be exercised before employing this method of treatment in these cases, and only that class attempted which promises the least danger from excessive inflammatory action. There is certain to follow considerable pain and suffering for the first week or ten days after each operation. Still it has the advantage of seeming to be a very trivial affair, and many patients will consent to the use of the hypodermic syringe under the promise of a radical cure, who would not entertain the proposition of incision for a moment. Tumors existing away from the verge of the anus so far as to be invested by the true skin, should never be subjected to this operation.

I have used two agents in this plan of treatment; namely, carbolic acid and persulphate of iron. Quite a number of drugs have been employed by different surgeons, but I am not sure that any great advantage can be derived from any of them over these. The solution of persulphate of iron causes more intense smarting as an immediate result than the carbolic acid, but healing is believed to follow more speedily upon the sloughing that results. Should we have cause to fear hæmorrhage, it would then be preferable, though in the treatment of this class of tumors there is little fear of such an accident. Taking all things into consideration, the carbolic acid may perhaps be considered the preferable agent.

And now as to strength: Much diversity of opinion exists regarding the proportion of this agent which should enter into the injection, all admitting that it should be diluted with some bland agent, usually olive oil. I employ it in a twenty-five per cent. dilution. To be more concise, R—Carbolic Acid ℥i; Olive Oil ℥iii M.—Of this combination ten or twenty drops should be drawn into the syringe at a time.

Care should be exercised to charge the instrument with more of the agent than is required for the tumor, that some may remain in the barrel after the injection. Thus no air will be introduced, an accident that might occur if the piston be forced entirely down during the operation, and one to be avoided.

Having everything in readiness, with the patient lying on one side, and, if necessary, himself holding the upper buttock away with the uppermost hand, charge the syringe, and grasping the barrel between the first and second fingers of the right hand, with the thumb resting upon the upper extremity of the piston, steady the tumor with a pair of dressing forceps or the fingers of the opposite hand, and plunge the needle into its center by a gentle thrust. Then force five or ten drops of the carbolized oil from the syringe. This sometimes occasions intense burning pain, but the patient may be informed that this will be but momentary, and the needle should be held in the tumor for several seconds, until the acid has had time to form a coagulum with its contents, lest its immediate withdrawal be followed by the medication, and the treatment prove abortive.

One operation will usually suffice for each tumor, and only one should receive attention at a time, as more disturbance might provoke too much inflammation. An interval of two or three weeks should be allowed between succeeding operations, the number of which will ordinarily correspond with the number of tumors existing. Sometimes a large tumor may be managed better by injecting it in several places at succeeding intervals, than by attacking the central portion in the start.

Judgment is requisite for the successful management of these cases. Usually the patient may be allowed to go about after one of these operations, but if it be found that motion aggravates inflammatory action, it should be forbidden, and undue excitement of the circulation controlled by the cooling applications and sedative agents already mentioned for inflamed piles. Should the bowels be constipated, laxatives and enemata ought to be employed to obviate any irritation by hardened fæces.

Stimulating articles of food and alcoholic beverages should be prohibited throughout the course of treatment, unless it be where bad results follow, and great prostration intervenes. Here the judgment of the practitioner ought to determine the proper regimen.

(To be Continued.)

GIVE US A REST.

BY A COUNTRY PRACTITIONER.

THE *Eclectic Medical Journal* of Indiana, edited by Dr. A. S. Smith and Mrs. Dr. Joyce F. Hobson, has just bloomed forth.

The first issue was rather a fragile flower, probably on account of the unpropitious time of year. The second number shows signs of more viability, and there seems a hope, should there be an early spring, that this apparently precocious evolution may survive. Dr. Smith (who is Professor of Surgery in the Indiana Medical College) seems to be the brains of this production, and starts out in February number, in the *original communications* with an "Extract from a Course of Lectures on Surgery in the Indiana Eclectic Medical College." We are glad that he gave us this information that it is an "extract from a course of lectures," otherwise we should have taken the production for a single lecture. This, then, we may suppose to be a concentration of the wisdom of the whole course, in fact, it could scarcely be otherwise. He says, "I am well aware of the responsibility of my position as a teacher, and when I contemplate what may be the result of my teaching, I fear and tremble under the great weight." And well he might, if he talks as he writes. Then he becomes more cheerful, and opines his instruction will redound to his credit, and that he is the instrument "in the hands of the *Designer of all good*." He, by turns, becomes philanthropic, self-sacrificing, and honorable. When speaking of the mistakes of some men's lives, he says, "I have observed that the best of men that ever lived have committed errors, but the true gentlemen have always retracted when they discovered their error." If the doctor's surgical procedures are as incorrect as his grammatical construction, the Hoosier that is the recipient of his professional services will stand a chance, one would think, to climb the "golden stair." Again he says, "Whenever you come before the public under the *nom de plume* of *physician, surgeon, and accoucher*, you are responsible for your acts, whether you have attained your majority or not, professionally speaking." This is something new that our professional titles are *nom de plumes*.

The whole "extract," occupying several pages, is something after this style, the sentiment as soft as the grammar is defective. The *Journal* has a female department, and it is hoped that it is the "better half."

In the "Book Reviews," Dr. Pitzer's work on electricity is "done for" in a style that, no doubt, will immortalize that gentleman. The heading, which may be partly the fault of the printer, is arranged like those of the original communications, and the editor says, "Frequently I have thought of taking pen in hand, and writing a book on the proper use of electricity, etc." Dr. P. having performed the task suitably, he refrains. I am so sorry that the Doctor will not take his "pen in hand."

WOMAN IN MEDICINE—A COLLOQUY.

BY J. M. YOUNG.

[Student of Medicine in California Medical College.]

"Knowledge is now no more a fountain sealed;
Drink deep, until the habits of the slave,
The sins of emptiness, gossip, and spite,
And slander die."

—*The Princess.*

DOCTRESS: Well, doctor, the number of lady physicians is increasing every day.

DOCTOR: Excuse me, the number of lady *graduates* is increasing every day.

SHE: Ah! Doctor, sarcastic as usual, gentlemen are always graceful when sarcastic; but nevertheless I am not disposed, as a lady physician, to allow myself to be ostracized from what I believe to be the noblest profession on earth, simply on account of my sex.

HE: It lies not within the power of one human entity to ostracize another; the genius, power, attainment, call it what you will, that bids a human name go green and enlaureled down the echoing aisles of time, can, by its absence alone, ostracize; and the thoughtful observer has a problem of grave import presented in the present position of "Women in Medicine."

SHE: That she has "Leaped the rotten pale of prejudice," and holds a position in medicine, you will admit.

HE: Willingly, frankly, the more so that her position is undeniable.

SHE: Nor is that position equivocal.

HE: Pronounced with the characteristic dogmatism of your sex; how jealously women adhere to what they call "the truth," rather than "truth." It is just the very

equivocal position she holds in medicine that suggests the gravest features of the problem.

SHE: At least you will not question her adaptability to the requirements of the sick chamber. Sensitive women often shrink from an explanation of their ailments to male practitioners, and the diseases and affections of the female organism should, with singular propriety, be studied by the sex that is liable to them.

HE: To cavil at woman's capability to master every branch of the medical curriculum as seriously and thoroughly as man can, would savor of prejudice, but a student of medicine and a practitioner of medicine are essentially different. It is one thing to observe symptoms and understand them, and another to cure them; and there is an obvious fallacy in the argument that medical women, simply because they are women, will have felt all, or nearly all, the symptoms a sick woman exhibits; the chances are the range of her experience will be as limited as that of a male practitioner.

SHE: But the observation of disease, and the application of the various methods of treatment, you do not consider beyond the capacity of ordinarily educated women.

HE: Not in the greater proportion of cases, but you must acknowledge that while your sex has given a noble roll of illustrious names to art and literature and some of the collateral sciences, you have yet to find one great female physician. May I not, with Ebenezer Elliot, very truthfully exclaim,

“What highest prize by woman won,
In science or in art?
What mighty work by woman done,
Boasts city, field, or mart?
She hath no Raphael painting saith!
No Newton-Learning cries;
Shew us her steamships, her Macbeth;
Her *thought* won victories.”

SHE: Ah! the old comparison, but from the same author let me continue,

“Wait, boastful man, though worthy are
Thy deeds; when thou art true,
Things worthier still, and holier far,
Our sisters yet will do.
And in her garden of the sun
Heaven's brightest rose shall bloom,
For *woman's best* is *unbegun*,
Her advent yet to come.”

HE: The great men, and the great women have become so,

without the pomp of ancestry, or the pageantry of lineal distinction, and I deny the combination of antenatal circumstance that can render a human being great. So much admitted, the whole argument of woman's development by opportunity into something greater than she has ever been, falls to pieces, and I cannot see in the woman of the future a brighter promise than I behold in the woman of the present.

SHE: Have you ever heard that Sandwich Island proverb, "If strong the frame of the mother, the son will give laws to the people." The female physician is usually a very healthy woman. Her life is toilsome above that of her sisters, it is true, but she has greater endurance, a greater reserve of vitality, maintained by a knowledge of, and conformity to the laws of health and hygiene. Her step has lost the mincing gait of the ball-room and boarding-school; the range of her conversation marks the breadth of her thought and reading. She can, far better than a male practitioner, understand, point out, and finally eradicate the conditions of life, which are the cause of the great majority of the ill-health of women, and as she is usually the *confidante* of a large circle of female friends, her opportunities to benefit such are incomparable.

The favorite argument of the opponents of the higher education of women, is that the sphere of woman is home, and her noblest avocation that of wife and mother. Do such realize that a woman is not less a mother, or less lacking in wifely attributes, because of the severest scientific training? I meet many women deploring their lack of education for those lofty stations, but not one complaining of being *educated out of them*. Sydney Smith says, "It takes more time for a woman to make herself charming than to make herself learned," and thinks it "a pity that she should hang up her brains on the wall in poor pictures, or waft them into the air in poor music, where they might be better employed." You perceive this witty scholar did not deny us brains, but merely the misuse of them. As prospective wives and mothers, the study of medicine lies directly in our path, for, as Jean Paul says, "Before being a wife or a mother, one is a *human being*; and neither motherly or wifely destination can overbalance or replace the human, but must become its means, not end; as above the poet, the painter, or the hero, so above the mother does the *human*

being rise pre-eminent;" and in behalf of those who will have the bearing, rearing, education, and development of *human beings*, I advance as an argument for female medical education, the absolute necessity of such for a thorough preparation for our great work. I often think the old saying which reads, "The hand that rocks the cradle rules the world," should be amended thus, "The hand that rocks the cradle *molds* the world."

HE: Like Tennyson's Lady Psyche, you rise "upon a wind of prophecy, dilating on the future," but leave the main issue still unanswered; while the past of medicine is resplendent with the names of men alone, the present finds the avenues of our profession crowded with female practitioners, it were a compliment to call sciolists, who mistake effrontery for erudition, and who deal, not with the facts, but rather revel in the thaumaturgies of science.

SHE: The selfish prejudice that shut the doors of medical knowledge in the face of woman, I consider sufficient reason for our sex not giving as great women to medicine as it has rendered to literature in De Stael, Georges Sands, and George Eliot; to astronomy, in Caroline Herschel; to art, in Rosa Bonheur and Harriet Hosmer; and the great men you allude to flourished in those periods when women were jealously excluded from anything like fair competition. As for being "sciolists" and "thaumaturgists," will you not admit that your own grave and learned sex is open to the same serious implication, and as a class are not crowned with wisdom or canonized with knowledge? But—"Solomon may come to Sheba yet," for the harvest of medical knowledge is not near complete, and truth is none the less truth because it is not a manly voice that shouts Eureka; besides "The brain is like the hand, and grows with using," and as the moral portion of humanity has, by common consent, been relegated in all ages to the keeping of my sex, I see, in that, a new and unexplored field for labor. The fear that predisposes to an epidemic, the "conscience that makes cowards of us all," the terror that blanches, the shame that suffuses the cheek, go far to prove physical disease the expression of mental suffering; and "whoever raises moral pathology to a science, expanding, systematizing, and applying many fragmentary observations that have already been made, will undoubtedly take a place among the master intellects of the age."

HE: We wait—

AN OPEN LETTER.

DEAR DOCTOR: Because of your superior facilities, I presume you are better posted as to what is being done, and likely to be done than we of the rural districts, in the matter of laws regulating the practice of medicine.

I notice by the city papers that the druggists of San Francisco are uniting their influence to have repealed that portion of the present medical act which requires vendors of patent and proprietary medicines to pay a license for the privilege.

Does it not look a little "cheeky" for those engaged in a business almost entirely, directly and indirectly, supported by physicians, to so strenuously pursue a course injurious to their principal patrons, pecuniarily? Selling patent medicines side by side with medicines approved and prescribed by the profession, and by men honored and patronized by physicians, and recognized as capable, is a sort of an endorsement, and should be stopped.

In the matter of prescriptions, I believe it is conceded that they belong to him who buys them of the physician, but it is bought for a specified and well-understood purpose, *and no other*. When used it no longer belongs to the person who bought it of the physician, and might be destroyed, only that it is of use to the druggist as a voucher. This is his only claim on it. He can neither give a copy nor re-fill for the one who presented it, or any other person, unless it should be the prescriber, without dishonor.

But the druggist does fill and re-fill it again and again if requested, and marks it, as directed by Doctor Q, although Doctor Q has no knowledge of this use of his prescriptions, and would not consent to its repetition. Usually, at the request of the party presenting a prescription, the accommodating druggist will write him a copy *verbatim et literatim*, which is laid aside for the future use of self, friends, uncles, aunts, cousins, or any confiding one who may wish to borrow it, and so on *ad libitum ad infinitum*, till it and its numerous copies are worn out, or the prescription peddler is dead, a consummation devoutly to be wished. What greater nuisance (to all but the druggist) than the man with a prescription? I can only think of one greater—the man with many prescriptions for many diseases. To be sure the prescription never saved anybody, not even the original owner, but all

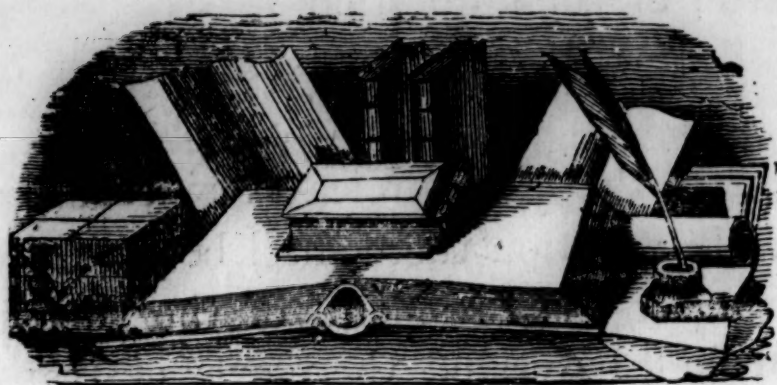
the same it is persistently peddled, because the peddler seems to think his importance is somewhat increased by the transaction. It has been said that every man at forty is either a fool or a doctor, and I know of no reason why he may not be both. Let this be as it may, many people "hanker" after the reputation of knowing something of medicine, but unfortunately for the sick, *what they do know is not so*.

Who loses by this copying and re-filling? Not the druggist surely, for he will charge as much or more for re-filling, and he will have it to do often, because the industrious peddler is copying for him. In Wisconsin there is a law to protect physicians from these friends (?) the druggists—by that law "Any druggist, apothecary, or vender of medicines is liable to a fine of \$10 and costs, every time he is convicted of re-filling a prescription marked "No Duplicate."

Pretty good as far as it goes, but he should be fined \$50 instead, and for each and every copy of a prescription he gives out, he should be fined \$100, and for filling a copied prescription fraudulently obtained (and its being a copy is *prima facie* evidence of fraud), he should pay a fine of \$50, and thus we would be protected against *our* friends(?).

COUNTRY DOCTOR.

A WORTHY MEMORIAL EXAMPLE.—A beautiful memorial of his daughter, who died last summer, has been made by Senator Edmunds, by endowing in her name a room in the Mary Fletcher Hospital, Burlington, Vt. Over the door, outside, a handsome tablet bears the name, "Julia M. Edmunds," and the date of the endowment. Within, the room is luxuriously furnished, every article in it being marked with the initials "J. M. E." On the wall hangs a superb engraving of Millet's painting, "L'Angelus." The endowment, \$5,000, provides for the support and care of one free patient, and its first beneficiary has just been received. Practical charity is not so common in this country but that so beautiful an example of it should be given extensive notoriety. No one could erect a more lasting or pleasing monument to the memory of a dear departed one than by following his worthy example. Our hospitals are none too rich; and such munificence would enable them to dispense even more charity than they do at present.—*Medical and Surgical Reporter*.



EDITORIAL.

National Eclectic Society for Mutual Aid.—A plan is on foot to provide for the families of deceased Eclectic physicians which it might be well to consider.

There has been existing for years a Homeopathic Mutual Life Insurance Company, which, though not confined in membership to the profession, insures those only who are friendly to homeopathic practice. In this way it becomes a standing advertisement and indorsement for Homeopathy. Now while such an end as this may not be the result of the Society proposed, if carried out in a legitimate and proper manner, it will, at least, not detract from the standing and respectability of our branch of the profession.

The tendency now is toward the plan of mutual insurance, and when the proper aims of such associations are fully subserved, there can be no doubt that it is preferable to insurance in stock companies.

It is proposed to effect this organization through the courtesies of the National Eclectic Medical Association, though it is not intended that it shall be governed in any way by that body in its practical work. Doubtless the matter will be fully canvassed at Topeka next June.

A prominent feature in the proposed plan is that of conducting the business with as little expense as is compatible with conformity to the requirements of first-class insurance, the officers receiving no pecuniary reward for services.

Whether faithful servants of this character can be readily found is a matter of some question.

It is proposed that the members shall consist only of those recommended by the several State societies. The officers shall consist of a President, Vice-President, Secretary, and Treasurer, and in addition there shall be an Executive Committee, consisting of the Presidents of the various State societies, in which shall be vested the power of transacting general business, and calling special conventions, the constitution proposed providing for a regular annual convention at the time and place of the National.

Requirements for eligibility in the proposed plan are, good professional standing, good bodily health, and an age falling short of sixty years.

Here it seems to us that an improvement might be made in favor of young members of the profession who would possibly object to taking equal chances with those more advanced in years. Chances of mortality being greater with the latter class, it would be well to divide the members into two classes, placing those under thirty-five or forty in one, and those between this and sixty in another. Thus what might be an objection with some young men were all included in one class, would be done away with.

Every physician of family not well endowed with this world's goods ought to carry a policy in some substantial company, for he little knows what emergency may arise which will necessitate his sudden demise.

Life at best is uncertain, and the practitioner who must be out in the darkness and deadly damps of night, liable to accidents, and who is exposed to chances of infection and inoculation, whose physical and mental faculties are sometimes on the strain for weeks without intermission, moves among many perils.

We hope this proposed measure may be successfully carried out. That indefatigable worker, Professor Howe, seems to be the prime mover, and we confidently predict for the enterprise a successful issue.

Climate of the Pacific Coast.—Although New Mexico may be considered one of the best countries in which to rebuild broken-down constitutions, it does not follow that all persons will be benefited alike by a sojourn in this place. On the contrary there are those who, through some idiosyncrasy, or nervous condition, may be ill adapted to the peculiar influences surrounding them. This is what is called "getting acclimated" and which may require a year. Now, as our invalid might die, or at least lose valuable opportunities in this time, it would not be prudent to advise him to go through this procedure.

And now, we will consider some of the more important principles which should govern our sanitary trips. We may reiterate some points to which reference has been made before, but it is so important that this be kept in mind that it justifies their second and more explicit mention. A radical change in the essential elements of climate is what is desirable, and this should be the guide in selecting a place for our invalids, or those who are needing rest from the frictions which civilization imposes on us. As an illustration, we cite a fact: Italy has a mild and equable climate, while the British Isles have a more severe and changeable one, yet each breeds its diseases. The monotony of the Italian seasons produces a lethargy—an inactivity of the organism—and this in turn an idleness, and the consequences are struma and tuberculosis. The tuberculosis is closely allied to the struma and both originate from the feeble, elaborating, and eliminating glandular system. In Britian, on the contrary, the dampness, coldness, and frequent changes cause rheumatism, catarrh, etc., etc. The stronger organism is stimulated to healthy activity by these vicissitudes, but the weaker ones suffer from congestions of their more delicate parts, and thereby arise chronic affections of varied character. The Briton may die from too much friction, the Italian from too little.

Now, in the United States, and notably in some parts of the Southern States, the prolonged heat of summer pro-

duces a relaxation which oppresses, and in time leads to depressed conditions of the health, and, in some cases, organic disease. The moisture and heat of the great river valleys lead to decomposition of organic material, which induces what is usually termed malaria, the results of which are familiar to all. Individuals residing in such localities for a number of years become affected by these depressing influences until parts of their system are weakened and invalidism is the result. Let us take one of these persons to a locality where the climatic surroundings are radically different, where we can take the pressure, so to speak, from a weak structure and place it on a strong one. From a country where the summers are long and sultry, and the nights oppressive with heat, as well as the day, let us take our invalid to a country where the days are never unpleasantly warm and the nights are long and cool—from an atmosphere burdened with malaria, to one that is pure and dry. Let him cease to drink from the city hydrant or stagnant well of water, and slake his thirst from the rushing, gushing, pure mountain stream. You will ask where is this country to be found? We answer, there is no better than Montana. There are the great plains of the eastern part of the Territory which are best adapted for some who, from the character of their diseases had better not go into the mountains. These plains are coursed by rivers and streamlets of the purest mountain water and the white tailed deer, the buffalo, and antelope abound. Thrifty farm villages are there and hot and mineral springs with good appointments can be found in a number of places. The state of society in Montana is much better than in the southern Territories, so that the most timid should have no fears while traveling. Game and fish are plenty on every hand; the roads fine during the proper season for such trips, and the scenery a never-ending source of enjoyment and interest. The Government Park with its geysers and great water-falls furnishes the greatest curiosity, of this kind, of any-

thing in the world; which alone ought to repay one for the expenditure of such a trip.

Do not send your consumptives, who are in the active or last stage of this disease, to such a locality as this without you wish to suddenly end their lives. Better think of New Mexico, Old Mexico, southern California, Sandwich Islands, or such like climate. The climate of Montana is extremely stimulating. The thermal vicissitudes are very great and the delicate organism is put to a test, but it usually rebounds with alacrity. We would not advise a New Englander who has catarrh, bronchitis, or catarrhal consumption to go to Montana for relief, because in New England the same conditions of climate exist only in a milder degree. Send the Southerner, or any one that suffers from the prolonged heat of summer or from the malaria of the low-lands, to Montana, and the New Englander, with his catarrh and cough to New Mexico. If you expect to gain from a residence in Montana keep out of the mining camps. The altitude is such, and the poisoned atmosphere from the milling of ores, that the death rate is great, and very trivial causes often produce fatal termination of attacks of illness. Stay in the valleys most of the time, drink in the pure air and water, make a liberal use of the gun and rod, and health will, providing the right selection of climate has been made, be the result. Do not expect that in-door life in this country will do you good, but let the searching and invigorating effect of the sun's rays strengthen you. Take all the exercise each day that you can bear, but do not expect to become vigorous through overdoing.

None So Blind as Those Who Will Not See.—Probably there is no line of theory more liable to lead to skepticism than that regarding therapeutical action, and no class of men more apt to condemn the assertions of their *confreres* than doctors. Indeed, we wonder that medical students do not

sometimes become disgusted with the study of medicine before their initiatory course is fairly begun, so conflicting are opinions on some mooted points regarding therapeutics.

Some of our physicians are so intensely rational, that they cannot see anything good in any agent, that does not either sweat, puke, or purge. They seem to regard the human body only as a sluggish machine, to be "punched up" as a stoker would the coal in his furnace. They fail in the realization of the fact, that the human organism is a delicate and highly sensitive structure, carrying on many subtle and refined chemico-vital changes, the equilibrium of which may be disturbed by causes unappreciable to the finest of human senses.

To them the lesson taught by epidemic influences, the contagion of measles, scarlatina, variola, parotitis, or malaria, is a dead letter. The effect produced by the minutest portion of syphilitic virus they know to be pronounced, and its influence upon posterity well shown, yet they cannot comprehend how anything but a knock-down dose of medicine can produce an effect upon this organism, so sensitive to other impressions.

This impression, so unexplainable, has so possessed the allopaths for the last fifty years, that they have stood aloof from small doses, and have been vanquished, time and again, while they have stubbornly cried, "humbug," and explained to their remaining disciples, when their patients were cured by minute doses, that "people get well anyhow, you know."

All candid investigators are realizing the fact, more and more, that surprisingly small doses of medicine, even of some apparently inert substances, will often do more towards correcting the wrongs of life than large ones.

Another class expect to cure all cases with minute doses, an error which will lead to just as many failures as the former idea. We should learn to adapt the dose to the case in hand. A fair knowledge of the place requiring the small, the medium, or the large dose, and its proper application, is

an important element of success, and will enable us to become much better therapists, than blind adherents to either extreme.

In the callow days of our experience, we were prone to ridicule the idea of cures being made with thousandth-of-a-grain doses of medicine. We were led in the blindness of our own egotism to set at naught the sober testimony of men whom a life-time of experience had qualified for contrary views.

Time has tempered us in this matter, and we are now willing to investigate the assertions of any candid observer, whose dictum bears the impress of earnestness and truth. We have learned that a fair investigation of any therapeutical agent, demands the putting aside of all prejudice in the start.

"A Strange Alliance."—We quote as follows from the *U. S. Medical Investigator*, a weekly Homeopathic publication of Chicago:—

"The effort of Eclectics to espouse our cause against the regulars is not strange when we remember that the only chance for existence of Eclectics is through what they have gleaned from both schools. Aside from calling attention to a few new remedies, the Eclectics have been parasites on the body medical. The vaunted improvements in the way of "specific medication," have been stolen bodily from Homeopathy. Allopathy cannot furnish so rich extracts, consequently it is derided. They have squeezed that orange. Eclectics have no prejudices nor scruples, and absorb like an oyster. They are liberal and have always been ready to champion the side of Homeopathy, and it is this strange alliance that has given them much of the vigor of to-day. Had it not been for this they would not now have the legislative recognition they enjoy in this and other States. In practice they are a sort of half-and-half more or less (according to the calibre of the men), and in communities where they flourish Homeopathy has found it hard to maintain a footing. In therapeutics they are adrift without chart or compass, but here, as in the regular school, the drift is toward

Homeopathy, only more so. Logical, clear-headed Eclectics make good Homeopaths, but the oysters—are oysters still.”

We would remind the writer of the above that absorbing from other schools is one of the articles of our faith, and the life we lead in this respect is an example of honesty and consistency which Homeopathy would do well to pattern after. We practice just what we profess to practice. Now how is it with Homeopathy in this respect?

Any one with the brains of an oyster who is conversant with the literature, teaching, and real practice of nine-tenths of Homeopathic practitioners knows that they do not by any means.

The “*gush*” about “the grand law of Homeopathy and the immortal Hahneman” does very well for their medical conventions and to enthuse the uninitiated. But the Simon-pure Homeopathic graduate soon finds upon entering practice that he is woefully lame, and must needs learn by dear experience many things essential to a successful practice which the law of Hahneman has never developed. True there are a few high attenuation Hahnemanian therapeutists in the world, but they are considered by the rank and file as old fossils. Literally they are fifty years behind the times.

This is too progressive an age for men of good sense to tie up to the dogmas of a man whose “law” was evolved in the light of half a century ago, the so-called law has so many exceptions as to be unworthy of recognition as a rule. It is bound to die; not all the nursing that new lights can give it will keep it alive another half century. We say the drift is toward Eclecticism. As for Eclecticism owing so much to Homeopathy that is just the kind of stop-thief cry we would expect from so inconsistent a source. Specific medication may have imbibed something from Homeopathy, but deprive it (Homeopathy) of what remedies it has obtained from Eclectic sources and with the exception of oyster shell, silica, the snake-poisons and bed-bug poison, with a few other dis-

gusting animal agents, and it would possess few remedies not taken second-hand from the old school.

Either the writer of the above extract has only known Eclecticism afar off or else he lacks two essential virtues of a candid writer,—honesty and modesty.

The allusion to the idea that Eclectics only live through the good offices of Homeopathy in a legislative way is ill-timed. We would remind the writer that Eclectics are about as numerous as Homeopaths, and in addition to their absorbent qualities possess energy in other directions even to the degree of daring to maintain their known rights independently of Homeopathy or any other *pathy* in the Universe. We may have a few Eclectics weak-kneed enough to toady to the long-eared Allopathic lion, but the majority of this class of lick-spittle sycophants is so pronouncedly Homeopathic in its tendencies, that we swell with honest pride when we look over the records.

Editorial Responsibility.—We wish our readers to understand that we do not indorse everything and every opinion that appears in our original communication department.

Did not different men think differently, there would be no variety, and the spice of life would be absent. In order to advance, there must be conflict of opinion, and out of this conflict come many of our best thoughts.

We invite a candid discussion of any topic pertaining to medicine, through our pages, and any reasonable communication, not personal in nature, shall have a place when offered. Aggrieved or dissenting parties can always have an opportunity of replying, when that reply does not deal in distasteful allusions to individuals.

We are pleased to receive communications from distant subscribers, and extend thanks to those who have contributed thus far to our pages. Send us your best thoughts and most instructive experiences.

Fluid Extract of Jaborandi for Typhoid Fever.—In an article in the *Medical Brief*, Dr. Foreman asserts that, in his belief, the fluid extract of jaborandi will abort typhoid fever. For some months past a malignant epidemic has been raging in the district where he is practicing, the majority of the cases terminating fatally. The Doctor has lost but one case, and none since beginning the use of jaborandi, and he has treated ten or more since that time. He uses half-drachm doses of the drug, in a little hot water, every half hour, until four doses have been taken, allowing, in the meantime, no cold drinks, and, if there is nausea, ordering hot coffee in small quantities for its relief. In from four to six hours he begins the use of the sulphate of quinia, giving from two to four grains every three or four hours, and alternating the jaborandi in the following combination with it: R. fl. ext. jaborandi ℥i, fl. ext. aconite gtt. x., water q. s. ℥iv. M. All solid food is prohibited, and the patient allowed four ounces of warm fresh milk every four hours. He asserts that if the cases are seen early in the attack, this treatment will arrest the disease in from three to seven days.

“Regular” Medical Ethics.—We do not suppose that there ever existed, or ever will exist, for that matter, another such a heavenly class of creatures as the physicians who make up the ethically “regular” portion of the medical fraternity.

So far above anything irregular, or opposed to the æsthetical are they, that everything carrying the appearance of advertising upon its face is severely frowned down, whenever they are vouchsafed an opportunity of being heard. Woe be to the unlucky member of their societies who has the independence to claim his soul as his own. Shortly there is a buzzing about his ears, and every self-righteous ethical ape in the vicinity is on the *qui vive* to pull his ears, or apply boot-leather to his nates.

Oh, no! our regular brethren are made of that pure

stuff that renders them intolerant of wordly matters. They belong to that higher sphere where common mortals, and especially "irregulars," need never aspire to enter. In their minds, to die "regularly" is better than to live when disease is stayed by the hands of some hated heretic of the "irregular" school.

But, of course, they are innocent of the fact that being interesting and entertaining creatures is advertising. The spending of hours in senseless chatter with society devotees, the obsequious attention to fond mammas and interesting daughters, the great interest in the babies, and, indeed, in the whole family, even to the family cat—all these are the innocent outpourings of sympathetic souls, and no advertising intended.

Doubtless, Dr. Cathell, the self-imposed mentor of young allopathic graduates, had no intention of advising a method of advertising when he penned the directions for a favorable display of instruments, fine clothes, and dashing rigs. Doubtless, in the purity of his ethical inner-consciousness he intended it as a means of improving the higher intellect. Shame on the insinuation that advertising should be recommended to the youthful scions of an ethical profession by so ethically ethical a man as Dr. Cathell. It would be just awfully awful.

An Apology.—In the February number we did Professor Bixby an injustice, while speaking of specific tinctures. We were wishing to get rid of what we considered an error among our physicians, and, thinking the Doctor's shoulders broad, we heaped it all on him. We really thought him no more incorrect than most others, and ask pardon for being personal.

THE *Convallaria Maialis* can now be had of Dr. Fearn. We have used it in two cases of heart disease with œdema of the lower extremities, with fair success.

Bogus Diplomas.—We notice in an exchange, that occasional investigations are being made into the bogus diploma traffic, in various parts of the United States.

The latest detected institutions are the Columbus Medical, and the Bellevue Medical Colleges, but some of the old sources of imposition and fraud are not yet dead.

Cincinnati and St. Louis seem to be especially cursed with diploma-mills, and it seems that Field, of the latter-named place, is a specially obnoxious parasite that is sucking the blood of the honorable name of Eclecticism.

In a report made to the Nebraska State Medical Society, occurs the following:—

“A large number of the fraudulent diplomas found, are from Buchanan's old diploma-mills at Philadelphia, and from George H. Field, of St. Louis, Missouri, who is Dean of the so-called St. Louis Eclectic Medical College. He also sells the diploma of what he calls the National Eclectic Medical Institute, an institution organized by Buchanan, but now run by Field.”

If there is any class of bogus diploma-traffickers whom we particularly despise and abhor, it is those who deal in the name, “Eclectic,” for such purposes. Hell is the proper place for them all, but this class ought to be supplied with a room in the basement, endowed with extra heating facilities. The first floor would be too “tony” for such fellows

Send us Clinical Material.—We invite our Eclectic friends of Oakland to send us poor patients for clinical purposes. Medical clinics will receive attention every morning in the week, except Thursday and Saturday, between the hours of ten and eleven o'clock, in the amphitheater of the California Medical College, by Prof. Webster. Eye, ear, and throat clinic, Wednesday afternoon from four to five o'clock, by Prof. Cornwall. Surgical clinic from three to four o'clock Thursday afternoon, by Prof. Crowley.

Homeopathy.—A patient of ours, whom we were treating for an affection of the throat, through some *indiscretion* contracted gonorrhœa, and requested the privilege of treating the gonorrhœa himself. After failure with his druggist's prescription, he resorted to a homeopathic pharmacy, where he was supplied with a bottle of their *gonorrhœa specific*. We always had a doubt that the attenuations of homeopathy would materially impress an affection as active in its effect on the organism as gonorrhœa, and this led us to request an inspection of the remedy. We were very much surprised to discover that the medicine was as heroic in dose and nastiness as allopathy ever produced. We think that homeopathic physicians get a part of their patronage from the belief of the people that, "if they do no good, they will do no harm;" but it has been our experience that when they *do* prescribe a large dose, they put to shame their brethren of the regular sort. We think the more successful of them prescribe sensible doses of drugs whenever there is a prospect of accomplishing anything better than with their attenuations. As often as possible they disguise the nastiness of the mixture, so as to delude the patient into the belief that he is taking their harmless stuff, and if there be a favorable result, the credit that belongs to a system they condemn, they appropriate. We have no doubt there are many good therapeutical agents among the lower attenuations, but the narrowness of claiming every drug must act according to the law *similia*, or that they should all be used in attenuations, is too unreasonable to be considered tenable by any but the credulous and visionary. Will our homeopathic friends be independent (eclectic) enough to acknowledge the truth publicly as they practice it privately?

Pooh!—In the address of Edward R. Taylor, delivered on the occasion of the dedication of Cooper Medical College of San Francisco (Allopathic), that gentleman gives himself away so completely as to merit notice.

He says, "There is but one practice of medicine, and the

'old school' so called, is its prophet—there can be in the nature of things no other." After referring to Homeopathy he continues as follows: "If the practitioner be an Eclectic or Thompsonian, he is confined to the vegetable world for his remedies—if a Hydropathist he is indissolubly wedded to cold water."

Such is a sample of the *intelligent* objections which have been raised against eclecticism for years past. 'Eclectics confined to the vegetable world' indeed! We rise to inquire, Who is this astute gentleman's instructor on medical subjects?

Professional Greed Among the Allopathists.—Not long since a sufferer applied to us with necrosis of the inferior maxillary. The individual being "broke," his employer consented to vouch for him, and we agreed to perform the necessary operation for the small sum of \$50. The patient, thinking he might find a *cheaper* man, went to consult a couple of doctors who are considered the best allopathic surgeons on the coast, and when they learned that he had engaged us to treat him, took what money the man had in his pocket, and operated at once. This is what may be called regularity, is it? This is the "regular" way of upholding the respectability of the profession. Eclectics, in their times, have been guilty of many questionable ways of getting business, but none so mean as this. These gentlemen (?) we have never met, and, professionally, it is to be hoped we never will; but had a patient of theirs come to us, we would never have thought of be-littleing ourselves, by treating him for nothing, for the sake of stealing him from them. It looks so *very small*, for men who have "more business than they can attend to," to be so greedy that they will operate for nothing, to prevent others from getting a foothold. An old, hungry sow, when she gets her belly full, will go from the swill and let the others of her kind have a chance, but these doctors lie in it for very hoggishness, in order to starve others.

A Humbug.—Sometime in December, S. M. Miller, M. D., Medical Publisher, wrote to us inclosing book notice and advertisement for a full-page ad., offering to send us the works advertised, if we would insert the book notice and ad. in our journal. We did as requested in good faith, supposing we were dealing with a gentleman, and sent, when published, the number (December) containing the advertising. Time rolled on, and the worthy Miller failing to show up, we wrote, asking him to fulfill his obligation.

In due time we received a postal card upon which he denied having made any such offer, further stating that he had only asked for a notice of "Goss' Practice;" also, denying that he had seen our journal containing the ad. He, however, said that if we would send him his original offer by return mail he would do exactly as he agreed in the start. We wrote immediately, informing him of the fact that his letter was lost—passed into the waste-basket, in all probability—but assuring him that he had made the offer. We also sent him another copy of December number.

Yet we have waited for the books with that kind of hope which "maketh the heart sick." And still we wait. The moral of this tale is: Put not your faith in S. M. Miller, Medical Publisher. P. O. box 1918, Philadelphia, Pennsylvania.

WE can supply a few January and February numbers to parties who may still desire to subscribe for the present volume of the JOURNAL. The best way to send money is by post-office order or registered letter.

We will mail a number of copies of this issue to physicians who may not have seen it before. We tender the compliments of the season and invite you to become regular subscribers. Old readers who find that the JOURNAL fails to put in its usual appearance should jog their memories as to whether they have paid up. We cannot furnish medical reading gratis to any one who is as able to pay for it as a

practicing physician ought to be, with clear conscience. It would encourage a bad state of morals in the recipient. Our object is to elevate the reader—of course, we do not need any money. New subscribers, and old ones, for that matter, should direct subscriptions to CALIFORNIA MEDICAL JOURNAL, Oakland, California.

Clubs of ten or more can have the JOURNAL bound at the PACIFIC PRESS for seventy-five cents per volume, if journals are delivered in ten or more volume lots. Our students will soon have a number bound, and subscribers from the country who desire to take advantage of this offer can have the supervision of the assistant editor by forwarding journals and price for binding to his address by the 15th of the present month.

THE *Maine Medical Journal* complains that we have copied from its pages without giving due credit. In explanation we will say that the time the article was abstracted, the present editors knew nothing about its source and when the editorial in the December No., "What is Eclecticism," was written it was supposed that the article commented upon was an original communication. Afterwards we found it to be a reprint from the above-named periodical—a "spicy" little journal by the way.

SELECTIONS.

NOTES ON PANCREATIN.

BY A. B. LYONS, M. D., DETROIT, MICHIGAN.

A. BECHAMP obtained the microzymes of the pancreas, which contain its ferments, by the following process: The pancreas was reduced to a pulp with water containing a little alcohol. After filtration, the impure microzymes were washed, collected, and freed from enveloping fat by maceration in ether, and finally washed with water. Under the microscope, they have the appearance of the structures found in good beer yeast. The diameter of the cells does not exceed .0005 mm. Their color is gray-brown. They are free from bacteria. They quickly liquify starch paste, and the water in which they are suspended has the same property. From twenty beef pancreases there were obtained 130 gm. moist microzymes, containing about 12 per cent. of dry substance. Three to four gm. of these moist microzymes dissolved, in one to two hours, 36 to 45 gm. of moist (well-drained) fibrin, at 36° to 45° C. Casein and acid albumen, prepared by the action of fuming hydrochloric acid upon white of egg, required a somewhat longer time. There was no odor of putrefaction accompanying this action of the pancreas ferment. The microzymes do not lose their activity in doing their work, for they will operate a second and a third time. These structures are cells, and, like other cell formations, they propagate themselves, and in this manner their action is explained.

Composition of the Pancreatic Fluid.—Tiedemann and Gmelin, fifty years ago, made an analysis of the pancreatic secretion, and found it to consist of 91.72 per cent. water, 3.5 per cent. albuminoids, 3.9 per cent. alcoholic, and 1.5 per cent. aqueous "extractive."

Th. Dufresne has recently succeeded in isolating the active principles of this secretion. These he finds to be three in number, corresponding with the three distinct functions of this fluid in carrying on digestion. To the first of these, which has the property of converting starch into glucose he gives the name of amylopsin; the second, which decomposes fats, separating them into glycerine and the constituent fatty acids, he names steapsin; and the third, which dissolves and peptonizes albumen, he calls myöpsin.

Dufresne found that acetic acid added to pancreatic solutions prevented the action of amylopsin and steapsin, but not that of myopsin. Alcohol added in different proportions produces precipitates differing in composition and in behavior.

Preparation of Myopsin.—With 100 parts of a filtered solution in water of 15 parts of dried pancreatic juice, mix 30 parts of acetic acid sp. gr.=1.04. After twenty-four hours the fluid is filtered from the precipitate and precipitated by an excess of alcohol. There is thus obtained a substance soluble in water, coagulated by heat, which is capable of dissolving 104 times its weight of coagulated albumen, but is without action on starch or fats. This is pure myopsin, and when dried on plates of glass is obtained in shining garnet-colored scales.

Steapsin.—To a filtered and concentrated solution from the pancreas of the ox is added alcohol in such proportion that the mixture may contain about 21 per cent. of absolute alcohol. After twenty-four hours the precipitate is collected, and washed with 21 per cent. spirits. Dried on glass plates, it forms transparent, shining scales, soluble in water, precipitated from solution by dilute spirits, its activity destroyed by acetic acid. This is steapsin, and is capable of decomposing twenty-four times its weight of fat, but not transforming starch into sugar.

Amylopsin.—100 parts of a cold extract from the pancreas of the ox is treated with a mixture of 12 parts acetic acid (sp. gr. 1.04) and 60 parts water. The precipitate so formed is separated at once, and, after two hours, the filtrate is precipitated with alcohol of sp. gr. .85, sufficient to make the mixture contain 50 per cent. absolute alcohol. The precipitate is collected and washed with 50 per cent. spirit. Dried on glass, it forms shining citron-yellow scales, which are soluble in water, precipitated from such solution by alcohol, and by concentrated acetic acid, and coagulated by heat.

Pancreatins of the Market.—That of Dufresne is a yellow hygroscopic powder of an "animal" flavor; 70 per cent. of it dissolves in water. The solution is of the consistency of white of egg. It dissolves thirty times its weight of albumen, changes into glucose eight times its weight of starch, and decomposes ten times its weight of fat.

The solution of albumen takes place in a feebly-acid fluid.

One drop of lactic acid suffices for twenty-five grains albumen and twenty-five grains water. The action upon starch and fat took place without any addition, at a temperature of 20° to 40° C.

German pancreatin is in the form of a whitish powder of sweetish smell and cheesy taste, reminding one of Roquefort cheese. It consists of 80 per cent. of milk sugar, and 15 per cent. of insoluble substance. It dissolves from 0 to 6 parts of albumen.

A pancreatin of French manufacture, consisted of gray masses of a strongly animal-smell and taste. It was completely soluble in water, and contained no foreign substance, but did not coagulate by heating, and did not dissolve albumen. A good preparation ought to dissolve thirty-six times its weight of albumen. The 20 per cent. preparation, therefore, if of good quality, must dissolve seven times its weight of albumen. Such an article, however, does not appear to be at present obtainable in the market.

Concentrated Pancreatin.—The pancreas of the pig is to be preferred. If that of the ox is used, it should be mixed with at least one-third of the former, since it would otherwise be deficient in power to act on albuminoids.

The pancreas, freed from fibrous tissues and fat (about 1,000 grm.), is reduced to a fine pulp by a sausage machine. This is mixed with one-half its volume of water, and one-half grm. chloroform, brought on to a strainer, and thoroughly pressed out. The strained fluid is evaporated in shallow vessels at a temperature not exceeding 45° C., either in vacuo, or in a current of warm, dry air. It is then reduced to a powder, and immediately put in well-closed bottles and kept protected from sunlight.

Pancreatin thus prepared should be a yellowish or yellowish-white powder, of a peculiar odor, similar to that of spoiled meat, and of a taste that reminds one of extract of beef. It is only partially soluble in water. A pancreatin which dissolves completely in water is apt to have little peptonizing power.

Test.—Pancreatin is only partially soluble in water, and wholly insoluble in spirit.

If .1 grm. of pancreatin and .1 sodium bi-carb. are mixed with 25 grm. water and 5 grm. fibrin, and kept twelve hours at 35° to 45° C., the fibrin must be dissolved and completely peptonized, so that a filtered portion of the solution is not

at all or only very slightly precipitated by nitric acid; .1 pancreatin, .1 sodium bi-carb., 150 to 200 grm., starch paste containing .5 grm. starch, treated as above (twelve hours at 35° to 45° C.), yield an easily filtered solution which reduces Fehling's solution (quantity not stated).—*The Therapeutic Gazette*.

THE EARLY RECOGNITION OF DISEASE OF THE KIDNEY.

THE importance of an early recognition of kidney disease, and an accurate knowledge of the agents or influences which tend toward its development, can be appreciated only when we consider how comparatively easy it is, in many instances, to interrupt early the course of this disorder, and, in other cases, how much may be done to avert a fatal issue, even after the disease has passed through its initial lesion and has become *chronic*. Until quite recently it has been generally taught and believed that the only trustworthy manifestations of the chronic forms of Bright's disease were such as œdema of the face and lower extremities, pallor of the skin and mucous membranes, pain in the back and loins, gastric disturbances, and increased or diminished flow of urine containing albumen and casts. More recent investigations, however, show that there are other symptoms, more or less constant, which point toward the existence of this obscure lesion.

Dr. Arthur V. Meigs, of Philadelphia, shows in a report of sixty-two cases of albuminuria that *dyspnœa* associated with great nervousness and loss of self-control, with no other sufficient cause for its existence, should excite the suspicion that there exists a lesion of the kidney. These attacks of *dyspnœa* frequently come on with great suddenness in persons who have not considered themselves sick, and such attacks are often quite rapidly fatal. This condition has been described as *renal asthma*, but he believes it to be much more common than is usually supposed. Another symptom considered valuable is *coryza*, of a character more severe than the ordinary cold in the head. With it there is not much nasal discharge, but the patient finds it difficult to breathe, except through the mouth. Associated with this condition there is excessive oppression—more than can be accounted for by the local disturbance. The presence of

tube-casts is regarded as a proof of the existence of Bright's disease, but not a distinctive mark of any one of its varieties, for any form of tube-cast may occur in any division of the disease, and at almost any stage, or all the varieties may occur simultaneously in one case. The appearance of oil-casts and cells need not always excite great alarm, for they have been found for many weeks in the urine of patients who have recovered. Tube-casts may occur in the urine *without* or in *advance* of the presence of albumen, or, on the contrary, there may be albumen constantly, without tube-casts. It is also stated that the presence of albumen and tube-casts, even though found for so long a time as *two* years, is not a sufficient reason for giving a *fatal prognosis*. As to etiology, the existence of oxaluria or of uric acid lithiasis is a prolific source of mischief to the kidney. The presence of this gravel usually precedes the appearance of albumen and casts.

Dr. T. A. McBride, in his recent monograph on "The Early Diagnosis of Chronic Bright's Disease," in touching on the points already referred to, coincides with Doctor Meigs. He further states that increase of arterial tension is a valuable sign, being present in the *acute* and *chronic* forms. The qualities of the pulse in high tension are described as *long, persistent, hard* or *incompressible*. The tension is appreciated by gliding the finger along the artery forward and backward, and from side to side. In the first or highest degree, the artery feels like a cord or tendon; in the second degree, like a rubber tube distended with fluid; in the third degree, like a fine rubber tube. Hypertrophy of the heart, especially of the left ventricle, is very constantly found, the following statistics showing its frequency: Bamberger discovered hypertrophy of the heart in 344 out of 807 cases of chronic Bright's disease; Traube, hypertrophy of *left ventricle* in 93 cases out of 100. Grainger Stewart records 31 cases out of 68 of chronic Bright's disease.

The analysis of 250 cases of granular kidney, drawn from St. George's Hospital books, gives forty-eight per cent. as the proportion of cardiac enlargement. *Chronic endarteritis*, especially of the *temporal* and *radial* arteries, when it can be determined not to be the direct result of the usual causes, is a forerunner of chronic renal inflammation. The *initial* stage of chronic interstitial nephritis, contracted kidney, manifests itself in the following symptoms: persistently

high specific gravity of the urine, the very frequent presence of *large* crystals of uric acid, and more occasionally of crystals of oxalate of lime; persistent presence of high arterial tension, the early detection of beginning hypertrophy of left ventricle, the occurrence of murmurs, denoting valvular insufficiency, and the early detection of chronic endarteritis. The causative relationship between *impaired functional activity* of the *digestive organs* and the chronic inflammatory lesions of the kidney, is shown in the following manner: The nitrogenous material imperfectly oxydized, is taken up by the blood, carried to the kidneys, exerting upon them a directly stimulating effect, maintaining in them a constant state of functional hyperæmia, and by increasing the general capillary resistance, raising the systemic blood-pressure, so as to keep up a permanent strain on the organs of circulation. This condition is *at once* marked by dyspepsia, constipation, lassitude, headache, muscular pains, coldness of extremities, tendency to pharyngeal or tracheal catarrh, resulting finally in cardiac dilatation, and hypertrophy, chronic bronchitis, dyspnoea, chronic gastric catarrh, arterio-capillary fibrosis, and *interstitial nephritis*. It is very important to note the *quantity* of urine passed in twenty-four hours. In chronic parenchymatous nephritis the amount is usually *below* the normal, it may be as low as ten or twelve ounces in twenty-four hours; or a small amount may be passed for a *few days*, then a normal quantity voided for awhile. In chronic diffuse nephritis the amount may be small at first, then normal for a few days; the longer the patient lives the larger the flow. In chronic interstitial nephritis, Grainger Stewart thinks that in the early stages of the small kidney the urine is not increased in quantity, while Dickinson and Saundby believe that an increased quantity of urine appears early. The intercurrent affections most commonly found, are *emphysema*, bronchitis, pneumonia, and cerebral hemorrhage. With this new light thrown on the symptomatology of the disease in question, we are enabled to interpret correctly certain indications which before had no special significance. —*Medical Record*.

PENETRATING WOUND OF CRANIUM.

PENETRATING wounds of the cranial cavity are not always attended by alarming symptoms, sometimes seem to be scarcely serious. Dr. J. S. Beckwith relates a case in

Gaillard's *Medical Journal*, in which no inconvenience was experienced from an injury which ordinarily would be considered necessarily fatal.

During the bombardment of Petersburg, Virginia, the doctor on his way to visit a patient out of the city, witnessed an altercation between three men, ending in the throwing of a missile by one of them, after which he and his companion ran off, leaving the other. The weapon struck the man's head with a dull thud, distinctly audible to the doctor, he supposing it to be a stone. The soldier went some distance up the road, then waited for the doctor, asking that he would do him the favor to pull that knife out of his head. Upon examination there was found sticking from the top of his head the handle of a large, one-bladed pocket-knife, about three and a half inches long, along the line of the sagittal suture, about one and a half inches from its junction with the coronal suture—the blade up to the hilt sunk in the brain. The best efforts of the doctor and then of his driver to remove the knife were put forth to no purpose, and he was obliged to call for assistance from some approaching soldiers. One of them, a muscular six-foot r, attempted it, twice failing; then placing his knee against the wounded man's breast while the others held the head firmly, he gave a lunge, bringing his whole strength to bear upon the knife, bringing it out—a blade, spear-shaped, about three inches long.

The injured man straightened himself up, put the knife in his pocket, and was going about his business without further ado, but owing to the persuasion of the doctor, who feared internal hemorrhage, or other serious results, he reluctantly consented to go to the Confederate hospital near.

Strange to say, no unpleasant symptoms manifested themselves, the man showing no evidence of injury even on the next day, and in a few weeks was again with his regiment as strong a soldier as ever, and remained with them until the surrender. Two years after the war the doctor again heard from him, and he had never suffered any unpleasant results from this accident. The doctor's theory was that the knife-blade passed between the lobes of the brain, severing no vessels, and the bony structure forced in by the impetus of the knife held it closely lodged. In drawing it out the bone was brought into its normal position, and admitted no atmospheric air.—*Weekly Medical Review*.

A CASE OF EXTIRPATION OF THE GALL-BLADDER FOR CHRONIC GALL-STONES.

LANGENBUCH, of Berlin, taking the ground that the gall-bladder is the locality in which gall-stones are especially developed, concluded that in cases of cholelithiasis in which repeated attacks of cholic and other symptoms confirm the diagnosis, the patient may be saved from further suffering and from the dangers of ulceration and fatal peritonitis by removing the gall-bladder, with its contents, with perfect safety, by laparotomy. This view is supported by physiology and morbid anatomy, which demonstrate the fact that the gall-bladder is not an organ essential to life, inasmuch as it is frequently absent after death, either being congenitally deficient or destroyed by disease without there having been any material or evident disturbance of the health of the individual. Moreover, it is normally absent in some of the higher animals, as in the horse and the elephant. As regards the operation for its removal, after repeatedly performing it on the dead body, he arrived at the conclusion that, *of all abdominal operations for which preliminary laparotomy is required, the extirpation of the gall-bladder, with preceding ligaturing of the cystic duct, is to be regarded as the least complicated.*

The operation is detailed as follows: A transverse incision through the right abdominal wall, corresponding with the anterior border of the liver, meeting another along the outer border of the rectus muscle, so as to form a T, both of them being about 10-15 cm. in length, will open the abdominal cavity in the most convenient manner. The gall-bladder is at once exposed with the fundus presenting, under the lower surface of the liver. If the colon and small intestines are now pushed backward by introducing a large flat sponge, and the right lobe of the liver lifted upward, the hepato-duodenal ligament will spring into view from below, so that the anterior boundary of the foramen of Winslow can be taken between the fingers of the left hand. In this fold run the great gall-ducts, and towards the middle the portal vessels. In order to separate the cystic duct, which lies farthest to the right,—in fact, almost isolated,—it is advisable to separate the few peritoneal attachments to the gall-bladder, with the aid of a few small incisions. The bladder decreases in size until it terminates with some spiral turns in the duct upon which a tightly-drawn silk ligature is now

placed, from 1 to 2 cm. from the bladder. Since the success of the operation depends upon the permanent occlusion of the cystic duct, the catgut ligature for this purpose is absolutely excluded. Having done this, the peritoneal investment of the gall-bladder is slit up around its circumference, the connective tissue holding it in place carefully divided by the knife or scissors, and the gall-duct is then cut outside of the ligature. In case the gall-bladder is greatly distended, its size may be first reduced by the aspirator, in order to prevent its rupture, and the consequent flooding of the field of operation. It is necessary to bear in mind the vascularity of the liver-tissue, injury of which should be carefully avoided; otherwise in this operation there will scarcely be found a vessel large enough to require a ligature. With the closure of the abdominal wound the operation is concluded, in which, with the exception of a small portion of the colon, scarcely any of the intestines are exposed.

Having completed the study of the details and principles of the operation, it was not long before the author had an opportunity of carrying it into actual practice. A case of long-standing jaundice, enlarged gall-bladder, with occasional discharge of calculi, in a man 43 years of age, was seen in consultation in June, 1882. In spite of medical treatment, the affection, which commenced with an ordinary attack of biliary colic in 1866, had persisted; his general health had greatly suffered, and he became markedly emaciated. Attacks of pain were of frequent—indeed, almost daily—occurrence, and were so intense as to lead to fainting-spells on several occasions. Without detailing all the symptoms, it may be stated that the patient was in a decidedly precarious condition, nutrition was greatly impaired, pains were very severe, and there was great danger of the opium habit, so that the prognosis was very unfavorable. At the request of the patient, the above operation was performed July 15th, in the manner prescribed, without any difficulty. Aseptic precautions were observed with unusual care. The gall-bladder was found in a moderately distended condition; it contained two small stones. There was slight venous bleeding from the surface of the liver, which was checked by a stitch with a catgut-ligature. After the operation the patient had no pain, and slept well the succeeding night. With the exception of a slight attack of dry pleurisy on the fourth day, which passed rapidly

away, he had an uninterrupted recovery, and left his bed on the twelfth day, the wound having healed within a week after the operation. The results of the operation were very marked.

The old pains had, in November, not yet returned, nor had he had others. It was some time before the irritable, weak stomach was restored, but it had greatly improved. He had not taken morphia since the operation. The bodily weight increased so rapidly that in six weeks he had gained 7.5 kilos (about 19 pounds).

The author concludes that cholecystotomy is especially adapted to treatment of those cases in which the patience of the physician and that of the sufferer have reached their limit. It is a last resort, although it should not be too long delayed; it should be carried out only by a practiced surgical hand, and conducted under the guarantee of the most rigid anti-sepsis. As it is the least dangerous of all laparotomies, it is in the special cases, as a matter of fact, to be preferred, in its actual though slight chance of life, to an existence given up to morphia and the innumerable possibilities of this most insidious malady.—*Berliner Klin. Wochenschrift*, November 27.—*Philadelphia Medical Times*.

CATARRHAL AFFECTIONS AND DISPLACEMENTS OF THE UTERUS, AS CAUSES OF STERILITY.*

THE science and art of Gynecology is yet in its infancy, and it is not remarkable that learned physicians should differ, both in regard to the etiology and treatment of sterility.

While all writers agree that barrenness may arise from a variety of causes, still there is a great diversity of opinion as to the most common pathological conditions which produce it. The opinions are also equally divided in reference to the means necessary for its cure. Many of the methods which were advocated and practiced a few years ago, both in therapeutics and surgery, for the cure of barrenness, are abandoned to-day, and new modes of practice are constantly being employed by specialists.

As sterility results from a variety of causes, it would be impossible in a brief essay to discuss them all. I shall,

*Read before the Brooklyn Academy of Medicine.

therefore, confine my remarks to the two principal causes, which more frequently than any other tend to produce barrenness in women. These are catarrhal affections and displacements of the uterus.

Catarrhal inflammation of mucous membranes is liable to become chronic, whether seated in the nares, bronchi, vagina, or womb.

The mucous membrane lining the cavity of the uterus is less liable to inflammation of a chronic character than that of the cervix, yet we frequently find catarrhal inflammations extending throughout the whole track. Catarrhal discharges from the vagina are no doubt a source of barrenness, especially when the discharge is of an acrid nature. The male germ is very sensitive, and may be destroyed by the acridness of the vaginal leucorrhœa, before it has entered the uterus. Morbid secretions from the cervix more frequently cause barrenness than catarrhal discharges from other parts of the female organs. The follicular glands of the cervical canal are numerous, and their normal function is to secrete a thick mucus, which forms a plug to seal the os uteri in pregnancy. These glands when diseased throw out an excess of morbid matter which produces abrasion of the mucous membrane of the os and cervix, which also destroys the life of the spermatozoa.

The ovaries may perform their functions properly, menstruation may be normal, the ovum may descend in a healthy state into the cavity of the womb, and yet the woman not become pregnant, because the male germ is killed either in the vagina or cervix. Impregnation usually takes place within two weeks after the monthly period; and if the egg is not vitalized by the male element within that time, it passes out of the uterus.

Displacement of the womb is another cause of sterility. With some women there is an abrupt curvature of the neck of the womb, either upward or downward, which bars the passage and prevents the admittance of the semen into the cavity of uterus. This abnormal condition is not a version of the womb, but merely a pendulous curve of a defective or improperly developed cervix. With some the cervix is unduly elongated; this, too, is a presumptive evidence that the woman will not become pregnant without mechanical treatment. There may also be retro-version, retro-flexion, ante-version, ante-flexion, or lateral flexion. Any of these

conditions may cause sterility by producing congestion, or by occluding the canal at the seat of the curvature.

Without further reference to the causes of sterility, I will pass to the reports of cases successfully treated:—

Case 1.—Mrs. ——— married for a number of years, had never conceived. Monthly periods regular as to time, but always attended with pain. Bladder irritable, causing her much distress, especially about the time of monthly periods. She was also subject either just before or after menstruation, to attacks of severe neuralgia, requiring for relief, the administration of anodynes both internally and externally.

After attending her through a number of painful periods, in which her sufferings were exceedingly great, I made a digital examination and found the womb ante-flexed, the fundus resting heavily on the bladder. There was also considerable curvature of the uterine neck. Finding that medicine afforded only temporary relief, I introduced Thomas' ante-version pessary. After she had worn this for a few weeks, I dilated the cervix by introducing a sea-tangle tent, and followed the first with a second one of larger size. After these means had been employed she menstruated without pain, and I have since delivered her of three children.

Case 2.—Mrs. ——— was married nine years without becoming pregnant. She informed me that she had always been troubled more or less with painful menstruation, and during most of her married life has had leucorrhea. Upon examination I found a granulated os uteri and a profuse leucorrheal discharge both from the uterine canal and vagina, evidently of a catarrhal character. The parts were irritable and inflamed, and her general health very much impaired.

I employed the glycerole of tannin which relieved the vaginitis, and depleted the congestion of the uterus. Through a cervical speculum I conveyed applications to the whole mucous track of the uterine canal. I also used internal medicines to improve the appetite and strengthen the system. In due course of time her general health became restored, her local trouble was cured, she became pregnant, and I delivered her of a strong healthy child.

Case 3.—Mrs. ———, married five years, and although in the best of health, had never conceived. She applied to me professionally to see if I could divine the cause of her sterility. Upon examination I found the uterine neck

rather long and small (seemingly atrophied) and with a short curvature backwards, which was, doubtless, the cause of barrenness. With the aid of an assistant I dilated the womb with sea-tangle tents. I also devised an instrument, which I now show the gentlemen of the academy, and which is so constructed that while it rested on the floor of the pelvis and filled the space of the posterior *cul-de-sac*, it crowded forward the neck of the uterus and straightened the curve. In less than four months she became pregnant, and I delivered her of a living child.

Case 4.—Mrs. B., at the birth of her last child, was under such peculiar mental strain, caused by affliction in her family, that she ultimately found herself suffering with a serious womb trouble. She had repeated uterine hemorrhages, for which she had sought relief with only temporary results. I was sent for during one of these protracted and exhaustive attacks of hemorrhage, and found a subinvolted womb, the fundus displaced, and resting below the promontory of the sacrum. I reduced the displacement and inserted Thomas' modification of Cutters' pessary, one of which I submit for inspection. The hemorrhage was controlled by local and constitutional treatment, such as will hereafter be described.

I afterward employed other pessaries to hold the womb in its natural position, but during the first year I invariably found upon their removal that the womb would retrovert. She finally recovered her health and strength, but continued to wear the pessary which I now show you, for over three years, when she became pregnant and was delivered of a child. Since that time she has been free from her old trouble.

Case 5.—Mrs. ——— had only one child that died soon after birth. She failed in health and finally consulted me for treatment. I discovered an enlarged and retroverted womb. I immediately introduced the pessary which I now show you, and which, as you see, resembles Fig. 2, shown in my former paper on prolapsus uteri. (*Medical Tribune* for September, 1882—page 427.) This instrument carried back the vaginal walls, and restored the uterus to its normal position. The patient began to improve, and in due time was fully restored to health. The instrument was worn without any inconvenience (as it can be when properly fitted) for about six months, when she again became preg-

nant. It was permitted to remain two and a half months after pregnancy for fear of a recurrence of the retroversion.

I could enumerate a large number of cases in which sterility was the result of uterine and vaginal catarrh, and displacement of the womb, but as I do not wish to protract this paper, I forbear.—*H. E. Firth, M. D., in Medical Tribune.*

A Knitting Needle That Passed Through the Stomach Removed by Gastrotomy.

BY A. J. HOWE, M. D.

JOSEPH WARREN, fifteen years old, living three miles from Greenville, Darke County, O., met with a singular mishap on Saturday, Nov. 4, 1882. While eating dinner, a fragment of bone stuck in his pharynx, and produced a violent choking sensation. To relieve this he hurried to his mother's work-basket, and, taking a knitting needle, attempted to dislodge the irritating substance. In the effort he lost his hold on the implement, and it descended the œsophagus and struck the bottom of the stomach. The lad did not inform his parents in regard to what had happened, but went about his work for several hours. Feeling anxious about the result, he walked to town and consulted Dr. S. C. Hall, who, thinking the needle might possibly be thrown up, gave an emetic with the hope of facilitating the evacuating process. At that time it was conjectured from pain that the needle reached from the lower third of the œsophagus to the bottom of the stomach. The following day the symptoms were so unpleasant that I was consulted by letter in regard to the best plan to pursue. I advised gastrotomy as soon as practicable; and after some days I was invited to visit the patient, and to do what then might be thought best. I started on Friday, and reached the house of Martin Warren, the father of the patient, at 9 P. M. The lad was sitting on a chair near the fire, and did not seem disturbed by the condition of things. The room was well lighted with lamps, and soon I had the object of solicitude extended on a table, and his abdomen bared.

I asked him to locate the sensitive and painful region. He pressed his hands from the "pit of the stomach" downward to near the brim of the pelvis, on a line a little to the left of the linea alba. After administering chloroform to

the remarkably calm patient, I made an incision five inches long in the course of the median line of the abdomen, leaving the umbilicus to the right. The wound was then carefully deepened till the abdominal parietes, including the lining of peritoneum, were divided. Folds of normal appearing intestines presented in the incised fissure; and with a hand smeared with boroglyceride I felt for the foreign body.

The fingers quickly and readily felt a firm bar, seemingly three-quarters of an inch in diameter and seven or eight inches in length. This was evidently the needle enveloped in omentum. The firmness came from exudations of lymph in the vicinity of the implement. By gentle manipulation the lower end of the indurated mass was tilted into the abdominal aperture, and the needle made to appear. The intruder, smooth yet blackened, was then seized and easily drawn from its imbedded position. No blood nor other fluid came from the aperture, though the narrow passage led clear into the stomach. The contractility of the surrounding tissues must have closed the canal occupied by the needle.

The borders of the incision in the abdominal walls were drawn together with four or five silver sutures, and the seam was dressed with a compress of soft cloth which was occasionally wetted with dilute boroglyceride with thymol. No blood was allowed to enter the cavity of the abdomen, and very little disturbance of viscera was produced. The attending physician reported for the two following days a pulse and temperature of 100 each, and a gradual subsidence afterwards to normal states, with a happy recovery.

In a case of this kind, the question arises as to the probable result, if the needle had been left to itself for a week, or month, or forever. I think it would have descended to a point near the internal abdominal ring on the left side; and perhaps it would have followed the course of the femoral vessels to the front aspect of the thigh. I do not consider that its effects need have been fatal, yet there must have been dangerous contingents in its career. The effusion of fluids into the peritoneal cavity, the development of abscesses, and puncture of the colon or bladder, were perils to be encountered, and fortunate would the patient be if all were escaped.—*Eclectic Medical Journal*.

BOOK NOTICES.

THE prospectus of Woods' Library of Medical Authors, for 1883, is before us, and the list embraces some valuable treatises upon vital subjects. This publishing house has inaugurated the plan of placing some of the best productions of medical literature before the public at such a nominal price that all may enrich their libraries by the addition of many of the latest authors at trifling expense. The list for the present year consists of "Manual of Gynecology," by Hart and Barbour, in two volumes, for January and February; "Handbook of Therapeutics," by Erb, for March; "The Microscope and its Revelations," by Carpenter, in two volumes, for April and May; "Diseases of the Œsophagus, Nasal Cavities, and Neck," by Mackenzie, for June; "The Diseases of Women," by Fritsch, for July; "The Treatment of Wounds," by Pilcher, for August; "Hereditary Syphilis," by Sturgis, for September; "Legal Medicine," third volume, for October; volume fourth of the same, for November, and "Veterinary Medicine," by Kirby, for December. These works are issued near the beginning of each month, and sent by mail to subscribers for \$15.00 for the year.

The first volume of "Manual of Gynecology" has been received, and contains a large amount of valuable instruction for the practitioner who gives attention to this subject. The practical and theoretical are pleasantly blended and little omitted from the subject as it is now considered by the advanced portion of the medical profession. As a work of reference for the specialist or general practitioner, it will without doubt find many admirers.

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